Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

107/18/11/2

| 1 14000   |                  |   |  |   |                |                  |                     |                        |    |                            |                        |
|---|------------------|---|--|---|----------------|------------------|---------------------|------------------------|----|----------------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |                  |   |  |   |                |                  | SMALL ENTITY TYPE   |                        | OR | OTHER THAN OR SMALL ENTITY |                        |
| TOTAL CLAIMS  |                  |   | 19                                     |   |                |                  | RATE                | FEE                    | [  | RATE                       | FEE                    |
| FOR   |                  |   | NUMBER FILED                           |   | NUMBER EXTRA   |                  | BASIC FEE           | 385.00                 | OR | BASIC FEE                  | 770.00                 |
| TOTAL CHARGEABLE CLAIMS   |                  |   | 1   minus 20= *.                       |   | C <sup>7</sup> |                  | X\$ 9=              |                        | OR | X\$18=                     |                        |
| INDEPENDENT CLAIMS  |                  |   | 2 minus 3 = * (                        |   |                | )                | X43=                |                        | OR | X86=                       |                        |
| MU  | LTIPLE DEPEN     | DENT CLAIM P                              | RESENT                                 |   |                |                  | +145=               |                        | OR | +290=                      |                        |
| * If  | the difference   | in column 1 is                            | less than zero, enter "0" in column 2  |   |                | olumn 2          | TOTAL               |                        | OR | TOTAL                      |                        |
|   | C                | LAIMS AS A<br>(Column 1)                  | MENDED - PART II (Column 2) (Column 3) |   |                |                  | SMALL I             | OTHER THAN             |    |                            |                        |
| AMENDMENT A   |                  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGHES<br>NUMBEI<br>PREVIOUS<br>PAID FO | T<br>R<br>SLY  | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total            | *   | Minus                                  | **                                      |                | =                | XS 9=               |                        | OR | X\$18=                     |                        |
|   | Independent      | *   | Minus                                  | ***                                     |                | =                | X43=                |                        | OR | X86=                       |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |                  |   |  |   |                |                  | +145=               |                        | OR | +290=                      |                        |
|   |                  |   |  |   |                |                  | TOTAL<br>ADDIT. FEE |                        |    | TOTAL<br>ADDIT. FEE        |                        |
|   | ,                | (Cólumn 1)                                |  | (Column                                 | 2)             | (Column 3)       |                     |                        | •  |                            |                        |
| AMENDMENT B   |                  | CLAIMS REMAINING AFTER AMENDMENT          |  | HIGHES<br>NUMBE<br>PREVIOUS<br>PAID FO  | R<br>SLY       | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total            | *   | Minus                                  | **                                      |                | =                | XS 9=               |                        | OR | X\$18=                     |                        |
|   | Independent      | *   | Minus                                  | ***                                     |                | =                | X43=                |                        | OR | X86=                       |                        |
| L   | FIRST PRESE      | NTATION OF MU                             | JLTIPLE DEI                            | PENDENT C                               | LAIM           |                  | -145=               |                        | OR | +290=                      |                        |
|   |                  |   |  |   |                | ·                | TOTAL<br>ASOT FEE   |                        | OR | TOTAL<br>ADDIT. FEE        |                        |
|   |                  | (Column 3)                                |  |   | -              |                  |                     |                        |    |                            |                        |
| AMENDMENT C   |                  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | nIGnES<br>NUMBE<br>PREVIOU<br>PAID FO   | R<br>SLY       | PRESENT<br>EXTRA | PATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total            |   | Minus                                  | ** .                                    |                | =                | X - 2=              |                        | OR | X\$18=                     |                        |
|   | Independent      | *   | Minus                                  | ***                                     |                | =                | X43=                |                        |    | X86=                       | <del> </del>           |
|   | FIRST PRESE      | JLTIPLE DEI                               | PENDENT CLAIM                          |   |                |                  |                     | OR                     |    | <del> </del>               |                        |
| <ul> <li>If the entry in column 1 is less than the entry in column 2, write "0" in column 3</li> </ul>  |                  |   |  |   |                |                  | +145=               |                        | OR | +290=                      |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE OR ADDIT. |                  |   |  |   |                |                  |                     |                        |    |                            |                        |
| •   | The "Highest Num | ber Previously Pai                        | d For" (Total o                        | r Independent                           | i is the       | highest number   | foring in the and   | oronriata bo           |    | dumo 1                     |                        |